

Summer Cyclers

Co sponsored by Bici Centro and Santa Barbara
Parks and Recreation



Child's name: _____

Date of Birth: _____

Parent/Guardian's name: _____

Emergency Contact Telephone Number: _____

Health Insurance information:

Health Insurance Company: _____

Policy #: _____

ID#: _____

Medical Information

Illnesses (i.e. asthma): _____

(If a student has an asthma inhaler, s/he must bring it to each class in order to ride.)

List all allergies to food, insect bites, or medications:

Consent for emergency medical treatment:

I consent to emergency medical treatment for my child, _____, in the event he/she is injured while participating in the 2010 Summer Cyclers Program, and accept financial responsibility for such treatment.

Parent/Guardian Signature

Date

Note: This release will be carried by instructors at all times during the Summer Camp.